

# ANNUAL AWARDS

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## Official Nominations Packet

CALIFORNIA  
**Governor's  
Committee on  
Employment  
of People  
with Disabilities**



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## **PURPOSE OF THE PROGRAM**

The purpose of the awards program is to recognize the extraordinary, the innovative, the distinguished, the exemplary individuals, business and organizations for making positive changes to the social landscape of employment opportunities for Californians with disabilities.

The California Governor's Committee on Employment of People with Disabilities annually recognizes individuals and organizations who have made extraordinary contributions to our society by increasing employment opportunities for people with disabilities.

## **AWARDS PRESENTATION**

Awards are presented annually to Californians at the Governor's Committee's special recognition program held in the Fall.

## **AWARD CATEGORIES**

Governor's Trophy  
Distinguished Service Award  
Business Leadership Award  
Excellence in Universal Design and Technology Award  
Mayors' Committee Award of Excellence

## **POLICY FOR SELECTING RECIPIENTS**

*No individual or organization may receive an award more than once in five years, with the exception of the Distinguished Service Award. Members and staff of the Governor's Committee on Employment of People with Disabilities are not eligible for any award.*

*You may nominate an individual or organization for more than one category; however, separate forms for each category must be submitted. Governor's Committee members reserve the right to recategorize nominations at their discretion.*

## NOMINATION PROCEDURES

1. Nomination forms must be complete.
2. Nominees must be California residents.
3. Supportive material must be limited to five pages (such as newspaper articles).
4. Letters of support must be limited to five.
5. Nominations must be postmarked by May 1<sup>st</sup>.
6. Nomination forms may be photocopied, or additional copies obtained from the staff office, or downloaded from our Web site at [www.disabilityemployment.org](http://www.disabilityemployment.org)
7. Nominations will be judged by members of the Governor's Committee, whose decisions are final.
8. Mail your nomination to:

*Annual Awards Work Group  
Governor's Committee on Employment of People with Disabilities  
800 Capitol Mall, MIC 41  
Sacramento, CA 95814*

## AWARD CATEGORIES

- **The Governor's Trophy**

To recognize a Californian with a disability who has provided exemplary community and state leadership creating employment opportunities for people with disabilities

- **Distinguished Service Award**

To recognize an individual, organization or group for creating exemplary community partnerships to increase employment opportunities for people with disabilities

- **The Business Leadership Award (formerly Employer Award)**

To recognize a California employer whose leadership exemplifies best practices which create employment opportunities for people with disabilities

- **The Excellence in Universal Design and Technology Award**

To recognize an individual, organization or group for creating or promoting innovative design, resulting in improved community access and employment opportunities

- **The Mayors' Committee Award of Excellence**

To recognize a Governor's Committee affiliated Mayors' Committee for exemplary community activities promoting partnership and employment

## ANNUAL AWARDS NOMINATION

\* \* \* \* \*

Nomination is for the following award (choose only one):

☐ Governor's Trophy Award

☐ Distinguished Service  
Award

☐ Business Leadership Award

☐ Excellence in Universal  
Design and Technology  
Award

☐ Mayors' Committee Award  
of Excellence

Nominee's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

*(If applicable)*

Web site: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
(for organizations or businesses only)

Federal Tax Identification Number: \_\_\_\_\_

Nominees current employer name and address:

\_\_\_\_\_

Nominee's Profession: \_\_\_\_\_

Nominee's current job title: \_\_\_\_\_

California Governor's Committee on Employment of People with Disabilities is affiliated with the National Association of  
Governors' Committees on People With Disabilities and Community/Mayors' Committees throughout California.

800 Capitol Mall • Room 1022 • MIC 41 • P.O. Box 826880 • Sacramento, CA 94280-0001  
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[www.disabilityemployment.org](http://www.disabilityemployment.org) • [www.edd.ca.gov](http://www.edd.ca.gov)

1. Describe the nominee's present and past involvement in areas affecting employment of people with disabilities on the local, state and national levels. This involvement may include such areas as working with independent living centers, advocacy, encouraging state and national legislation and any other area that can ultimately lead to employment and the promotion of understanding of the experience of disability.
2. Why do you feel this nominee is worthy of recognition and in what ways are the nominee's achievements outstanding? (Please give specific examples.)
3. For individuals being nominated, please list the nominee's level of education and relevant professional credentials, licenses and/or certificates.

4. Specify how the nominee has demonstrated innovative leadership and excellence beyond normal expectations, job duties, or legal requirements (such as promotion of understanding, acceptance and employment of disabled persons within their profession).
5. For the “Governor’s Trophy” category and other categories if appropriate, describe the nature of the nominee’s disability and date acquired. Explain how the nominee has shown initiative living with a disability in the world of work and in the living environment.
6. For the Excellence in Universal Design and Technology Award, describe the design that this individual has created or has incorporated within an established business. Please give specific details about the design or technology and how it is being used.
7. List any other relevant information about the nominee not covered under the previous questions.
8. For an Employer, please list the number of employees.

***Please furnish the following information for all nominations.***

*This nomination is submitted by* \_\_\_\_\_

*Organization* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone number: (\_\_\_\_) \_\_\_\_\_*

*Email:* \_\_\_\_\_

*Web site:* \_\_\_\_\_

The California State Employment Development Department (EDD), as a recipient of federal and state funds, is an equal opportunity employment program and is subject to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

This publication can be made available in Braille large print, computer disk and tape cassette. Foreign language translations may also be requested. For these or other accommodations, you may contact EDD staff at (916) 654-8055 (voice) or (916) 654-9820, TTY.